

## NF to IL (Untimely Notification)

If you are not timely notified of the discharge from the nursing facility, some base period manipulation may be required due to KAECSSES not allowing a base period to be lengthened when later paid benefit months exist.

### Example

Jake Taylor has been in the nursing facility recuperating from hip replacement surgeries. He calls you on 6/3 to tell you he was discharged on 3/5, but the social worker at the nursing facility assured him she would take care of notifying SRS of the change. Jake verified he is at home and is not receiving any type of home-based services. Based on his income of \$800 per month, Jake's patient liability was \$738.

### Before Taking Action on KAECSSES

- Make sure Jake is not married and that spousal impoverishment provision are not applicable to the month of discharge.
- Determine what the six-month IL base period should have been if the change was timely reported. In Jake's case, his six-month IL base period should have been March through August.
- Inquire into the provider subsystem within MMIS to determine the nursing facility's daily rate. The nursing facility used in Jake's scenario has a daily rate of \$100.
- Calculate the cost of care at the NF for the month of discharge by taking the daily rate multiplied by the number of days the consumer was in the facility. Jake's cost of care is \$400 ( $\$100 \times 4$  days) in the month of March.

### July Benefit Month

- July is not a paid month on KAECSSES, so you can delete the month.

### June Benefit Month

- Remove the AC program subtype from the SEPA screen.
- Adjust the coding on PICK as appropriate.
- Access SPEN and lengthen the base period to June through August. Determine the spenddown for the three-month base period.
- Calculate on paper what the spenddown should have been for March, April and May. You do this by taking the total income – disregards - \$475 PIL for each month. In Jake's case, his spenddown for the three month time period was \$915 ( $\$800 - \$20 - \$475 = \$305 \times 3$  months = \$915).
- Add the calculated spenddown for March to May to the system calculated spenddown for June to August and enter the total in the 'OVERRIDE SPENDDOWN' field on SPEN. In Jake's case, the calculated spenddown from March to May is \$915. The system

calculated spenddown from June to August is also \$915. When the two are added together, the total of \$1,830 is entered in the 'OVERRIDE SPENDDOWN' field on the SPEN screen.

- Allow applicable medical expenses as well as the patient liability for the month of discharge on the MEEEX screen.
  - If the consumer was not in the facility enough days to be obligated for the entire patient liability, change the patient liability on the LOTC screen to match the NF cost of care in the month of discharge. This change is considered a retroactive change and those procedures should be followed. Make sure you screen-print the LOTC screen for the case file. Once the change is made, allow the adjusted patient liability for the month of discharge on the MEEEX screen to reduce the spenddown. Make sure you send the consumer and the facility a notice about the adjusted patient liability. In Jake's case, his cost was \$400. His patient liability is changed on the LOTC from \$738 to \$400 effective March. Retroactive change procedures are followed.
- Jake has already received Medical coverage for March through June, but in order to receive Medical coverage in July he will have to meet the total spenddown of \$1,830. His medical card should have covered the majority of his medical expenses. Notify Jake to report any expenses his medical card did not pay during this time period. If the expenses are his responsibility, allow them against the spenddown either through the beneficiary billing process (for June to August expenses) or allow them on MEEEX (for March to May expenses) to reduce the spenddown amount.
- Authorize the case in order for the new spenddown information to be sent to the MMIS system with the daily file.
- Update LOTC with the IL living arrangement and level of care effective 3/6 (day after discharged from NF). Make sure you screen-print the LOTC screen for the case file.
- Send appropriate notices to the consumer and the facility.
- When using the 'OVERRIDE SPENDDOWN' FIELD on SPEN for any reason, always document carefully in the case log the calculations. Use red ink, highlighting or bold print so that it stands out in the case log.
- Update the ADDR screen the following business day, as needed.

Note: if the spenddown for the remaining portion of the base period is never met, an overpayment may exist. An overpayment cannot accurately be determined for up to a year after the end of the base period, since Medicaid providers have one year to bill for services. You should follow your local area's policies in documenting and establishing overpayments.